



Bay Harbor Hospital

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October 17, 1997

Office of Statewide Health Planning and Development
Attention: David Werdegarr, MD, MPH
Office of the Director
1600 Ninth Street, Room 433
Sacramento, CA 95814

Dear Dr. Werdegarr:

Bay Harbor Hospital is governed by our mission to deliver the highest quality of care. We respect the patient as an individual and their entitlement to information available to make an informed decision about the hospital they choose. We feel the OSHPD California Outcomes Project 1997 is a process that helps to support this objective. We commend your office in attempting to establish statewide quality of care criteria that may provide more objective benchmarks which can be used to improved the quality of care of AMI patients.

In reviewing our hospital specific data for AMI Mortality, our risk-adjusted rates were 19.8% and 21.6% for Models A and B, respectively. With the California mean at 14.6%, our hospital received a rating of "worse than expected" which obviously prompted concern. A thorough review of the medical records of the AMI deaths for 1991-1993 was performed. The severity of illness and comorbidities of the AMI deaths appear far greater than actually reported. We are currently reviewing the coding practices to ensure that future cases have complete and accurate coding.

Nevertheless, since 1993, significant strides have been made to improve both the quality and performance of our critical care unit and emergency unit in providing timely and appropriate care for AMI patients. This is clearly reflected in the Bay Harbor Hospital observed in-hospital death rate summarized below:

<u>Year</u>	<u>In-Hospital Death Rate</u>
1991	19.8%
1992	16.2%
1993	23.6%
1994	8.2%
1995	11.0%
1996	8.2%

As you point out in your *Report of Heart Attacks Users Guide*, there are limitations in this Outcomes Project in fully describing the quality of care given at hospitals. Although your recent AMI validation project does help to satisfy many of the questions that we had last year, the reliance upon the 1991-1993 data as a measure of today's hospital quality is suspect. We would encourage OSHPD to analyze and report data in a more timely manner. Hospitals, medical staffs and consumers would most benefit from current outcome findings.

We are proud of the quality care now given at Bay Harbor Hospital and we strongly endorse efforts to measure clinical outcomes that are accurately adjusted for severity of illness. As statistical incongruities are eliminated and more consistent criteria become available, this process will provide an invaluable tool in quality management and the improvement of patient care.

Very Truly Yours,

Linda Lawrence, RN, MBA
Vice President, Patient Care Service
for: Jack W. Weiblen, President,